Client Name:			Date:	
		eeds Allowance (Pa		-
Month/Date	Beginning Balance	Amount Received	Amount Spent	Ending Balance
	Client P	ersonal Belongings	Inventory	
Month/Date	Items Purchased	Items Discar		
Monthly Date	Tterns i urchaseu	Ttellis Discar	ueu	
	Off	Site Visit Documer	tation	
(a) Data and time			itation	
	Client is leaving for home			
	orting the Client to the ho		1	
	cted time Client will retur		1	
	ceiving Client and verify t			
Client returned to	the proctor home at conc	clusion of the home vis	sit.	
		v 11		
_		Incident Reports		
	octor home maintains a lis	st of phone numbers to	o report after-hour e	emergencies/crisis
incidents.				
c. Document all in	cidents on an incident rej	port form, maintain th	ie original report in i	the Client's file, and send

- a copy to the Case Manager within timeframes required by current DJJS Incident Report reference guide.
- d. Document the date, time and method of notification to DCFS including when report was provided to the Division (24 hours).

Mentoring (YIS) Documentation

Month/Units Description			

Date, Duration, Detailed Description of Specific and Activities (Conversations, Goals Discussed, Upcoming Activities, etc.), Name of Mentor

Supervision and Service Coordination

The Contractor shall provide quarterly/monthly reports (i.e. at a minimum of at least 90/30 days) to CM. Summary of activities shall include the following:

Direct Oversight, Case Activity Expectations, Family Visitation and Other Contact, Health Services, Linking Direct Care of Client to Mental Health Services, Non-Mental Health Services, Linking Direct Care of Client with Education, Employment or Training Needs, Court Attendance, Client use of Electronics and Social Media, Team and Team Meetings.